

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF:)	FINDINGS OF FACT,
DECLARATORY RULING)	CONCLUSIONS OF LAW, AND
REGARDING DELEGATING THE)	DECLARATORY RULING
TASK OF WRITING PHYSICAL)	
THERAPY ORDERS)	

This matter came before the South Dakota Board of Medical and Osteopathic Examiners (“Board”) through a petition filed by Board Staff, pursuant to SDCL 1-26-15 and ARSD § 20:78:02. The Petition was filed on February 10, 2017, and requested that the Board enter a declaratory ruling as to the issue noted below. On June 8, 2017, after due and proper notice, a hearing was held regarding the petition at which the Board heard oral testimony regarding the petition. Now, being otherwise informed as to all matters pertinent thereto, the Board enters the following Declaratory Ruling.

ISSUE

May an attending physician for a resident of a long-term care facility delegate the task of writing physical therapy orders to a qualified physical therapist, and is this delegation allowed within the scope of practice of physical therapists as defined by state law?

FINDINGS OF FACT

1. The United States Department of Health and Human Services (“HHS”) issued a final rule for Reform of Requirements for Long-Term Care Facilities. 81

Fed. Reg. 68688 (October 4, 2016). This final rule included language relating to the delegation of authority to physical therapists to write therapy orders for patients in long-term care facilities. The final rule relating to physical therapists can be found at 42 CFR § 483.30 and 42 CFR 483.65.

2. The stated intent of the HHS rules is “to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These revisions are also an integral part of [HHS’s] efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety while at the same time reducing procedural burdens on providers.” *Reform of Requirements for Long-Term Care Facilities*, 81 Fed. Reg. 68688 (October 4, 2016).

3. People living in long-term care settings generally have complex chronic and acute medical conditions that require an interdisciplinary team to manage.

4. Physicians and physical therapists work as a team to provide services to residents of long-term care facilities.

5. The attending physician for a resident in a long-term care facility has overall supervisory responsibility for the patient’s treatment, and should be aware of all treatments ordered for long-term care patients to prevent counterproductive orders that are not aligned with patient’s care goals and needs. The promulgation and carrying out of therapy orders can have a significant impact on the patient’s quality of life. Best practice is for the

physician to be aware of and at a minimum provide verbal approval of therapy orders before they are implemented.

6. The current prevailing practice in South Dakota is for the attending physician to write and sign therapy orders, or the attending physician will instruct the physical therapist to draft therapy orders for the attending physician to review and sign.

7. The long-term care facility may adopt rules and procedures for the medical team.

8. Physicians may issue standing orders or protocols.

9. A protocol is a standardized plan for medical procedures or administration of medications, with an outline of specific procedures and medications, by which certain tasks are delegated to South Dakota licensed healthcare professionals whose scope of practice allows the performance of such tasks.

10. Any finding of fact more appropriately labeled a conclusion of law is hereby re-designated as such and incorporated therein below.

CONCLUSIONS OF LAW

1. The Board has the authority under SDCL ch. 36-4, 1.26-15, and ARSD § 20:78:02 to issue declaratory rulings concerning the applicability and interpretation of the Board's statutory and regulatory provisions and the practice of medicine and osteopathy in South Dakota.

2. No person may practice medicine or osteopathy without a license issued under SDCL ch. 36-4. SDCL 36-4-11.

3. A “physical therapist” is a “person licensed in the state to practice physical therapy under the provisions of [SDCL ch. 36-10].” SDCL 36-10-18(2).

4. “Physical therapy” is defined as that practice defined in SDCL 36-10-18.1. SDCL 36-10-18(3).

5. The scope of practice of a physical therapist is defined in SDCL 36-10-18.1 which states:

Physical therapy defined. For the purposes of this chapter, the practice of physical therapy is the examination and evaluation of patients with mechanical, physiological, and developmental impairments, functional limitation, and disability or other similar conditions in order to determine a diagnosis, prognosis, and therapeutic intervention; alleviation of impairments and functional limitations by designing, implementing, and modifying therapeutic interventions that include therapeutic exercise, functional training in community or work reintegration, manual therapy techniques including soft tissue and joint mobilization, assistive and adaptive devices and equipment, bronchopulmonary hygiene, debridement and wound care, physical agents and mechanical modalities, therapeutic massage, electrotherapeutic modalities, and patient-related instruction; prevention of injury, impairments, functional limitations, and disability including the promotion and maintenance of fitness, health, and quality of life in all age populations; and consultation, education, and research.

6. SDCL ch. 36-10 does not contain the requirement that the physical therapist must be under the supervision of a physician.

7. Pursuant to 42 CFR § 483.65, as a matter of federal law relating to reimbursement for services, physical therapy services must be provided by qualified

personnel under the written order of a physician, who may in turn delegate the task of writing said orders to the physical therapist to the extent allowed by state law.

8. Physicians may use protocols to allow the physical therapists treating patients in long-term care facilities to develop an order for the physician's approval and signature.

9. Best practice is that the physical therapist not implement an order for a patient in a long-term care facility absent the physician's verbal approval, after which the physical therapist may implement the order without the physician's signature until it is either formally adopted or changed by the physician.

10. The South Dakota Board of Medical and Osteopathic Examiners does not have jurisdiction over reimbursement for for medical services under federal law, and makes no findings or conclusions on those matters.

11. Any conclusion of law more appropriately designated a finding of fact is hereby re-designated as such and incorporated therein above.

Dates this ____ day of December, 2017.

SOUTH DAKOTA BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS

By: Walter O. Carlson, MD
President